

# CITY OF CHULA VISTA - POLICE DEPARTMENT

## POLICE CONTROLLED LICENSE APPLICATION



Type of License:

**PERSONAL INFORMATION**

**EMAIL ADDRESS:** \_\_\_\_\_

Last Name:		First Name:		Middle Name:
Maiden Name/AKAs:				
Height:	Weight:	Eye Color:	Hair Color:	
Date of Birth:	Place of Birth (City, State, Country):			
Driver's License or ID #:	State:	Social Security No:		

Home Address:				
City:	State:	Zip:	Home Phone:	Work Phone:
Mailing Address (if different from above):				
City:	State:	Zip:	Home Phone:	Work Phone:
Length of Residence (years, months) in California:			SD County:	City of Chula Vista:

Have you ever applied for and/or been issued a police controlled license of any kind prior to this application? If so, explain:

Have you ever had a police controlled license denied or revoked? If so, explain:

Have you ever been known by another name? If so, explain:

Are you a citizen of the United States? Naturalized Citizen?

If you are a naturalized citizen, provide certificate number, date, and location of court:

Have you ever served in the US Armed Service?		If so, list all periods of service (mo/yr), branches in which you served, and the type of discharge:	
DATES (mo/yr)	BRANCH	SERIAL NO.	TYPE OF DISCHARGE
Beg.			
End			
Beg.			
End			
Beg.			
End			

**For official use only**

Approved by: \_\_\_\_\_ (Initials)

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### **CRIMINAL HISTORY**

List all arrests and criminal convictions (including California and all other states), except traffic infractions. Include guilty pleas (whether to the original charge(s) or to a lesser charge in satisfaction of, or as a substitute for an original charge). Also include nolo contendere (no contest) pleas. Expunged convictions must be listed per California Penal Code section 1203.4 (a). IF NONE INITIAL HERE: \_\_\_\_\_

DATE	NATURE OF ARREST/CONVICTION	LAW ENFORCEMENT AGENCY	SENTENCE (INCLUDE PROBATION)

### **EMPLOYMENT HISTORY**

List all employment or businesses owned during the previous ten years, starting with the most current. Explain any gaps between periods of business or employment. (Supply information on additional sheet of paper if needed.)

DATES (mo/yr)	NAME OF EMPLOYER ADDRESS OF BUSINESS	DESCRIPTION OF BUSINESS	REASON FOR CHANGE
Beg.			
End			
Beg.			
End			
Beg.			
End			
Beg.			
End			
Beg.			
End			

Have you ever been terminated for cause or forced to resign from any position?	If so, explain:

Would you object to having any of the above employers or business associates contacted in regard to your character?	If so,
explain:	

### **ADDRESSES**

List all addresses at which you have resided during the **past ten years**, starting with the most current.

DATES (mo/yr)	ADDRESS
Beg.	
End	
Beg.	
End	
Beg.	
End	
Beg.	
End	
Beg.	
End	

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### REFERENCES

Provide the names, addresses (home or business), and phone numbers of five persons other than employers, relatives, or business associates who have knowledge of your character.

NAME	ADDRESS	PHONE NO.

### EMPLOYER / BUSINESS INFORMATION

Business Name (Where applicant will be using this license):

Type of Business:

Business Address:

Business Phone Number:

List all persons, other than yourself, who will have any authority over the business to be licensed and describe the nature and extent of their authority.

NAME	ADDRESS	NATURE/EXTENT

List all persons, other than yourself, authorized to accept service of process and/or to whom notice is to be sent.

NAME	ADDRESS	PHONE NO.

List the owners of the premises upon which the licensed activity is to be conducted, if such premises will be leased.

NAME	ADDRESS	PHONE NO.

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**INCORPORATION**

Is the business a corporation? If so, answer the following three questions:

Exact name of Corporation as it appears on the Articles of Incorporation:

Date and place (City, State) of incorporation:

List the names and residence addresses of all corporate officers, directors, stockholders owning more than 10% of the corporation's stock, and/or partners (if partnership).

NAME	TITLE	RESIDENCE ADDRESS

**CRIMINAL VIOLATIONS**

Have any of the corporate officers, members, stockholders, or partners listed above ever been convicted of a crime other than minor traffic infractions? Include guilty pleas (whether to the original charge(s) or to a lesser charge in satisfaction of, or as a substitute for an original charge). Also include nolo contendere (no contest) pleas. Expunged convictions must be listed per California Penal Code section 1203.4 (a).

NAME	DATE OF CONVICTION	NATURE OF OFFENSE	COURT	SENTENCE

**SIGNATURES**

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statement or misrepresentation will be grounds for denial of this application or loss of licensure and I may be subject to prosecution. The Chula Vista Police Department has my permission to conduct any and all background investigation checks necessary to confirm the information provided in this application. I am aware that the investigation fee

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I am responsible for understanding and complying with the rules and regulations related to the Police Regulated Business or Occupation for which I am applying. I have received and understand the Chula Vista municipal code pertaining to the license for which I am have applied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**LICENSE STATUS** (Circle on of the following)

**APPROVED**

**DENIED**

**DATE** \_\_\_\_\_

**REASON FOR DENIAL OF APPLICATION OR OTHER COMMENTS:**

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**APPROVED BY:** \_\_\_\_\_